



STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 Occupational & Professional Trades Division
 Telephone: (860) 713-6135
 Website: www.ct.gov/dcp

For Official Use Only

REGISTRATION FOR AGENT FOR STUDENT ATHLETES

INSTRUCTIONS:

This form must be completed by the individual applying for registration and accompanied by:

- A check or money order in the amount of **\$250.00**, made payable to: “*Treasurer, State of Connecticut.*”
- Three (3) letters of reference.
- A resume detailing your education, formal training, and/or practical experience in contracts, contract negotiation, complaint resolution, arbitration, civil resolution of contract disputes, and/or experience as a professional athlete.

➔ Return your completed application and registration fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Applicant's Name (individual)			
Street Address		City	State Zip Code
Social Security	Date of Birth	Telephone Number (with area code)	

List all Businesses that You (or your Business) have Owned, Had a Financial Interest In, and/or have been Employed by within the Last Three Years.	
Company Name	Address
Your Title	Nature of Business
Company Name	Address
Your Title	Nature of Business

Please list the Names of Each Company in which You, Your Spouse, and/or Your Minor Children Own Stock of at least 5% of the outstanding shares	
_____	—
_____	—
_____	—
_____	—

Please answer the following. Attach additional sheets if necessary.

Have you ever been convicted of a crime excluding misdemeanor motor vehicle offenses?

☐ YES ☐ NO If YES, please state each offense and date of conviction.

Are you an attorney at law admitted to practice in the State of Connecticut?

☐ YES ☐ NO If YES, please state your Juris Number _____

Have you ever been disciplined?

☐ YES ☐ NO If YES, please state each incident

Are you a certified accountant admitted to practice in the State of Connecticut?

☐ YES ☐ NO If YES, please state your License Number _____

Have you ever been disciplined?

☐ YES ☐ NO If YES, please state each incident, date, and issuing authority on a separate sheet

Have you ever had any license or registration revoked or suspended by any licensing authority?

☐ YES ☐ NO If YES, please state each incident, date, and issuing authority on a separate sheet

Do you currently hold or did you ever hold any license or registration issued by the Department of Consumer Protection?

☐ YES ☐ NO If YES, please give each license /registration number _____

Do you currently hold or did you ever hold any registration as a sports agent issued by any other issuing authority?

☐ YES ☐ NO If YES, please give registration number and issuing authority _____

If Yes, please provide the names of the athletes currently under your or your company's agency management.

If you claim that this information is proprietary, please list the information on a separate sheet headed, "Privilege Claimed".

Has any athlete, while under your or your company's management, ever filed a claim against you or your company?

☐ YES ☐ NO If YES, please state each claim and disposition _____

Any persons making any misstatement as to experience or other qualifications or any person subscribing to or vouching for any misstatement shall be subject to those penalties as provided for in the Connecticut General Statutes.

I subscribe and affirm under the penalties of perjury, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

Signature and Title of Applicant

Date

Subscribed and Sworn to before me, this _____ day of _____ 20_____

Notary Public/Commissioner of the Superior Court

My Commission Expires